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Food and Drug Administration Rockville MD 20857

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Lachman Consultant Services, Inc. Attention: Robert W. Pollock 1600 Stewart Avenue Westbury, NY 11590

Docket No. 2004P-0173/CP1

Dear Mr. Pollock:

This is in response to your petition filed on April 12, 2004. Your petition requests permission to file an Abbreviated New Drug Application (ANDA) for the following drug products: Cefprozil Tablets for Oral Suspension, 125 mg and 250 mg. The listed drug products to which you refer in your petition are Cefzil® (Cefprozil) Powder for Oral Suspension, 125 mg/5 mL and 250 mg/5 mL, NDA 50-665 held by Bristol Myers Squibb.

This petition was reviewed pursuant to Section 505(j)(2)(C) of the Federal Food, Drug, and Cosmetic Act (Act). Under Sections 505(j)(2)(C)(i) and (ii) of the Act such a petition will be approved unless the Food and Drug Administration (FDA) finds that investigations must be conducted to show the safety and effectiveness of the proposed drug product, or of any of its active ingredients, the route of administration, the dosage form, or strength which differ from the listed drug product; or that any drug product with a different active ingredient may not be adequately evaluated for approval as safe and effective on the basis of the information required to be submitted in an abbreviated application.

Your request involves a change in dosage form from that of the listed drug product (i.e., from powder for oral suspension to tablets for oral suspension). The change that you request is the type of change that is authorized under Section 505(j)(2)(C) of the Act.

The FDA has determined that your proposed change in dosage form raises questions of safety and effectiveness, and has concluded that clinical trials are required for this specific drug product. Therefore, FDA is denying the petition under Section 505(j)(2)(C)(i) because investigations are necessary to show the safety and effectiveness of the proposed drug products.

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The listed drugs upon which you are basing your petition are Cefzil® Powder for Oral Suspension, 125 mg/5 mL and 250 mg/5 mL. According to the approved labeling of the listed drug, these products are primarily utilized in pediatric patients ranging in age from 6 months to 12 years. The Agency has determined that your proposed change in dosage form raises questions of safety and effectiveness, and has concluded that clinical trials are required for these specific drug products. Your proposed product does not allow for the same conditions of use as described in the dosage and administration section of the labeling of the listed drug Cefzil® (Cefprozil) Powder for Oral Suspension, because there is no assurance that the weight-based dosage regimen could be met with your proposed product. Your product delivers a fixed dosage and therefore, there is no assurance that accurate doses could be delivered for children of different weights using the tablets for oral suspension. The potential exists for an increase in adverse events from an overdose or ineffective treatment from an underdose. In addition, no information is provided on the homogeneity of the reconstituted solution, which could affect the administered dose.

Pediatric dosing is included in labeling for several different indications. These doses are from 7.5mg/kg every 12 hours for sinusitis to 20 mg/kg every 24 hours for uncomplicated skin and skin structure infections. In the case of pediatric patients, the dosage is determined by the child's weight and hence often requires doses that are not precisely an entire tablet for oral suspension (i.e., 125 mg or 250 mg). Unlike certain antibiotics such as amoxicillin and cephalexin that have a dose range and hence allow for some flexibility with dosing, the recommended cefprozil dose for pediatric patients in the approved product's labeling does not contain a dose range for any of the three approved indications, but is currently fixed at a specified dosage for each indication. Accurate doses for children with weights other than a weight that would require the full 125 mg or 250 mg tablet would be difficult to obtain with the proposed products. Thus, there is a possibility that children may either be over-dosed or under-dosed with the proposed products. Clinical trials under the proposed conditions of use are needed to show that the children receiving the tablets for oral suspension at a fixed dose do not have a greater number of adverse events or decreased effectiveness compared with the oral suspension. Therefore, FDA is denying the petition under Section 505(j)(2)(C)(i) because investigations are necessary to show the safety and effectiveness of the proposed drug product.

This petition is being denied because clinical trials are required for the approval of the requested change to the drug product. Therefore, the question of whether pediatric studies are necessary under the Pediatric Research Equity Act (PREA) has not been evaluated. Please contact the Division of Anti-infective Drug Products at 301-827-2133 if you wish to pursue approval of your product under Section 505(b) of the Act.

If you disagree with our determination concerning the acceptability of your petition as originally submitted, you may seek a reconsideration of the denial following the procedures set forth in 21 CFR 10.33. Requests for reconsideration must be based solely on the information contained in

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your original petition and must be submitted in accordance with 21 CFR Section 10.20, in the format outlined in Section 10.33 and no later than 30 days after the date of the decision involved. Petitions for reconsideration should be filed with the Dockets Management Branch at the address listed below. If there is additional information, not included as part of your original submission that you would like the FDA to consider, you should submit a new petition including all the necessary information to the Dockets Management Branch.

A copy of this letter denying your petition will be placed on public display in the Dockets Management Branch, Room 1061, Mail Stop HFA-305, 5630 Fishers Lane, Rockville, MD 20852.

Sincerely yours,

Gary J. Buehler

Director

Office of Generic Drugs

Center for Drug Evaluation and Research